

## National Target Drug Good Faith Dispensing Checklist

Patient Name: \_\_\_\_\_ Rx #: \_\_\_\_\_ Date: \_\_\_\_\_

Please select drug &amp; provide strength (tablets/capsules only):

Oxycodone 15 Hydromorphone \_\_\_\_\_ Methadone \_\_\_\_\_ Other (optional - district specific) \_\_\_\_\_

Check boxes that apply to determine if the prescription can be filled. Attach checklist to hard copy of Rx.

	Yes	No	Mandatory Checklist Requirements; Must be Yes to fill prescription.	RPh/Tech Initials
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Valid government photo ID copied and attached to hard copy. For eRx, attach copy at pick-up.	SA
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No GFD refusal for this particular prescription in patient comments on IC+ profile.	SA
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If available in your state, PDMP has been reviewed, printed and attached to hard copy.	SA
			<b>Additional Checklist Requirements; every "no" is a red flag. Use your professional judgment to assess the prescription.</b>	
4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Patient has received this prescription from Walgreens before.	SA
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	This prescription is from the same prescriber for the same medication as the previous fill.	SA
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Patient and/or prescriber address is within geographical proximity to pharmacy; variances can be explained.	SA
7	<input type="checkbox"/>	<input type="checkbox"/>	Prescription is being filled on time.	SA
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3rd Party Insurance is billed (cash or a cash discount card is a red flag).	SA
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Quantity is 120 units or less; or 60 units or less if paid by cash or cash discount card.	SA
10	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Patient has been on this same medication strength and dose for less than 6 months.	SA

If in your professional judgement a call to the prescriber is warranted, review step 11.

If no call is required, complete this form with your signature.

11	<input type="checkbox"/>	<input type="checkbox"/>	<b>Call to Prescriber</b> To begin the conversation with the prescriber, verify/confirm any number of the following points ( document in notes section ). *Prescription is written within prescriber's scope of practice *Diagnosis *Therapeutic regimen is within standard of care *Expected length of treatment *Date of last physical and pain assessment *Use of alternative/lesser prescription medications for pain control *Coordination with other clinicians involved in patient care <b>For Hospice and Oncology patients only:</b> If unable to reach the prescriber, RPh may fill the Rx without verification by the prescriber provided the elements of Good Faith Dispensing are met.
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I attest that I have used the Good Faith Dispensing Checklist validation procedures and my professional judgement to review this prescription and I have:

☐ Dispensed: Product review Pharmacist signature \_\_\_\_\_  
☒ Refused: Pharmacist signature \_\_\_\_\_  
 (RPh must fax a copy of the refused Rx Hard Copy to DEA. FL use webform)

Proprietary &amp; Confidential, Property of Walgreen Co.

Notes:

per PDMP the patient is getting #360 methadone  
 at Overholt's pharmacy - both are short  
 acting narcotics and I don't feel comfortable  
 filling this RX while [Redacted - Confidential PHI] is getting the  
 methadone.

## Ohio Automated Rx Reporting System

77 South High Street, Room 1702; Columbus, OH 43215-6126

-Equal Opportunity Employer and Service Provider-

TEL: 614/466-4143 E-MAIL: [Info@ohiopmp.gov](mailto:Info@ohiopmp.gov) Fax: 614/644-8556

TTY/TDD: Use the Ohio Relay Service 1-800/750-0750 URL: <http://www.ohiopmp.gov>

### Patient Rx History Report

Redacted - Confidential PHI

11110904

Date: 4/15/2013 3:52:26 PM

Redacted - Confidential PHI

Patients included in report that appear to match search criteria

Redacted - Confidential PHI



Redacted - Confidential PHI

DATE: 4/15/2013 3:52:26 PM  
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## PATIENT RX HISTORY REPORT

Prescribers for prescriptions listed: 2

JA TOL 6 JAMES E TOLIVER, JR MD; 2111 BELMONT AVENUE, YOUNGSTOWN, OH 44505  
 PE BRA 8 PETER D BRASSE, DDS; 6285 YOUNGSTOWN-WARREN RD., NILES, OH 44446

Pharmacies that dispensed prescriptions listed: 3

DDM61 DISCOUNT DRUG MART #61; 107 SOUTH CHESTNUT ST., JEFFERSON, OH, 44047, PHONE (440) 576-3111  
 Overholt2 BELLEVUE MEDICINE SHOPPE INC; DBA CHAMPION MEDICINE SHOPPE, 4619 MAHONING AVE. N.W., , WARREN, OH, 44483, PHONE (330) 847-8000  
 W-G5549 WALGREEN CO.; DBA: WALGREENS # 05549, 804 W MARKET ST., , WARREN, OH, 44485, PHONE (330) 393-3031

**Disclaimer:** The State of Ohio does not warrant the above information to be accurate or complete. The Report is based on the search criteria entered and the data entered by the dispensing pharmacy. For more information about any prescription, please contact the dispensing pharmacy or the prescriber.

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 HIGHLY CONFIDENTIAL

WAGMDL01138862

WAG-MDL-02604\_00899



**Date:** \_\_\_\_\_ **Pages:** 2

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**To:** Drug Enforcement Administration

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**Fax:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

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**From:** Walgreens # \_\_\_\_\_

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**Fax:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

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A Walgreens pharmacist at this location has determined that the enclosed prescription is forged, altered, issued outside of the usual course of professional practice, and/or does not meet the elements of good faith.

Per an CARS report this patient is getting #360 methadone 10mg from the same prescriber, at another pharmacy. These are both short-acting narcotics and I don't feel comfortable filling this rx when [Redacted - Confidential PH] is already getting the methadone.

**CONFIDENTIAL HEALTH INFORMATION:**

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